JACKSON COUNTY MEDICAL SOCIETY WEEKLY BULLETIN

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Dinner and Installation of Officers

Jackson County Medical Society

Saturday, June 30, 1945, 7:00 P.M.

For Members, their wives or husbands, and guests

BALL ROOM, HOTEL MUEHLEBACH

KEEP THIS DATE OPEN!

Telephone your reservations to the Executive Office, VI. 5546, by June 28th

K M B C
Presents
Jackson County Medical Society's Sponsored Program
"OF HEALTH AND HAPPINESS"
Every Sunday
6:15 P. M.

"Summer Complaints"
Tomorrow, June 17, 1945
Tune in
K M B C

KANSAS CITY, MISSOURI • JUNE 16, 1945

What Do You Think of This?

Congress of the United States

House of Representatives, Washington, D. C.

Dear .....:

Thanks for sending me the article about socializing the medical profession. I have studied this proposition hastily but not carefully and it certainly seems to me that the suggestions about medicine contained in the Wagner-Murray-Dingell Bill are absurdly far-reaching. . . .

Personally, my own view is that the doctors should go out and explain the dangers of this bill to their patients. It is easy enough for them to sit back in their easy chairs and write to their Representatives in Congress but if they expect to awaken public opinion to the difficulties which will arise, not only for the medical profession but also for the people for whom they care, then it is necessary for them to do something to create public opposition to the bill and a better understanding of it. It is perfectly obvious that this is a New Deal measure and it will have the support of the movies, the New Deal press, and most of the radio commentators, so the doctors start in with a tough job and the only way they can hope to win permanent success is by informing the public in conversations and in talking to their patients. I have told a number of doctors back home exactly the same thing.

John C. Kunkel, Member of Congress.
(Reprinted from Pittsburgh Med. Bull.)

(Sounds like sound advice for all of us!)

What do YOU think of this?

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IMPORTANT NOTICE

Registration under the Harrison Narcotic Act must be renewed before July 1st to avoid penalties.

H. B. NO. 206 TO GOVERNOR

House Bill No. 206 was passed by the Senate and sent to the Governor for signature. This Bill is known as the Doctor Prefix Bill requiring any persons using the word "doctor" or abreviation Dr. to designate their degree after their name.

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How does the "other half" live?

Last week we published a poem, out of the *St. Louis County Medical Society Bulletin*, which was modified from the original. The gist of this piece was to the effect that "Our Society" pretty much runs itself. No one needs to plan or worry about anything; it requires no effort on the part of anyone (according to this jingle) to make the wheels go 'round. Things just move by themselves.

Of course, all this was in fun—albeit satirical—yet so many of our Members seem to have just that attitude: "Somebody will do it, so why should I worry? After all, there's nothing to it, just a few minutes once in a while." This sums up the response one usually gets when inquiry is made. Nevertheless, the fact still remains that our Society is only what we make it and to make it outstanding, each Member must do his share.

One might cite the activities of the officers and of the Executive Council as examples proving that "somebody has to do some work to keep things going." While it is true that some of the official jobs require only a minimum of effort, (due to the work of Bill Bartleson, our Executive Secretary), some of our other officers must devote an astoundingly large part of their time, their thoughts and their energy to our Society's affairs. Surely, no one can argue that this work is all selfishness, a search for glory. Usually the only recompense is criticism or a sense of futility trying to do something for others when they care not whether it is or is not done; although there must be some satisfaction gained from doing one's best.

No, our Society just does not run itself. The charge that there is a "gang that runs things" falls flat on its face, when the real truth is uncovered. This Bulletin on several occasions has announced that any Member who is interested may attend Council meetings. So far, no one has bothered to show up.

How can anyone sit around the staff-rooms, the scrub-up rooms or the lunch-table and gripe about how the affairs of our Society are mishandled, without knowing the facts or if they are truly interested and opposed, without lifting a hand in opposition—at the proper place and time?

We would like to suggest to those who modify our Constitution and By-Laws, that every new candidate for membership be required to attend at least four Executive Council sessions before he is fully accepted as a Member. If he were forced to be present and see for himself the actual workings of our Society, he could not help being a better Member. He would then have a greater and a fuller appreciation of our Society's many activities. He would be more ready then to pitch in and help. He would then be less eager (perhaps) to gripe about every official move which is made. For then he would know how the other half lives!

Vincent O. Williams M.D.

THE CATALYST

An agent capable of causing a reaction without itself entering into it.

The Saga of Jim Lane

The City of La Grange, Georgia, has been mentioned in this tower of erudition on several previous occasions. As you may not remember, it was the scene of the birth and early activities of Old Catalyst, himself. The City Fathers did what they could for the town by dubbing it "The City of Elms and Roses," but a matter of much greater import was the installation of arc lights at the street intersections and around the town square. Those clumsy and relatively inefficient lights, swinging between two poles like the man on the flying trapeze, nevertheless added several hours to each working or playing day, so that when the sun set at night the day was not yet done.

Thus it was that after suppertime on long summer evenings, the kids of the community foregathered under the nearest street light and played until time to go to bed. And be it remembered that during this era there were no recreational facilities regarded by present-day children as being traditionally their own. Just the simple, childish games of hide-and-seek, follow-the-leader, or whatever came within the imaginative range of growing youngsters.

And into this last category sometimes was packed a load of dynamite. We recall a particularly painful incident because of being involved in it personally. One night someone thought up the idea of playing "ghosts." Quickly running to our respective homes, we togged out in bed sheets and amused ourselves by "booing" at occasional passers-by, which, though inocuous enough, was not very exciting. Soon we heard the familiar hoof-beats of a spirited horse coming down the dusty road. Sure enough, driving it was Jim Lane, one of the town's young bloods, clipping along in his dog-cart, bound for his home on the outskirts of the town.

Just as Jim approached the flickering flare of the arc light, a half-dozen youthful "ghosts" ran out in front of his horse, waving their arms wildly and making horrendous noises at the frightened animal. Immediately the horse "ran away," much to our childish delight but very much more to young Lane's discomfiture. The fact his filly ran no farther than the barn, no harm was done except to the young man's dignity.

However, the results had been so satisfactory we decided to repeat the stunt on the following night. Hiding behind the sheltering elms, arrayed in our simulated ectoplasm, we awaited the arrival of Jim Lane in his dog-cart. Right on schedule they appeared. Repeating our tactics of the previous night, naturally we expected similar results. No such thing. With lightning-like speed, Jim Lane did several things at once. Jerking on his lines with such force as to cause his horse to rear back on its haunches, he threw out a hitching-block, followed it in one bound, attached it to the horse's bridle and snatched his buggy whip from its socket. Then, seeming to run in half-a-dozen directions at once, he pursued his youthful tormentors with seven-league strides, laying about with his buggy whip on each besheeted figure with all the force of his agile arms. And although there must have been five or six of us, not one escaped the stinging, punishing lashes from his whip.

In howling pandemonium, sheets trailing and blubbering with fear and pain, we streaked into our homes and reported the story to startled parents. We demanded adult retribution on the House of Lane, and on Jim Lane in particular. And here comes the anti-climax: our parents did exactly nothing. You see, without exception, they belonged to the school of thought which teaches that to spare the rod is to spoil the child. Evidently Jim Lane was a firm believer in and ardent exponent of this same doctrine. In any event, we have reflected many times in after years that had we encountered more Jim Lanes during our childhood, we would be a better man today, Gunga Din!

—J. Phil. Edmundson, M. D.

Special Correspondence

IN THE LAP OF THE FAMILY

The Matter of V. D. Control and Promiscuity

EDWARD P. HELLER, M. D.

For a few minutes this evening, permit me to briefly review a few facts in order that we may properly orient ourselves—take a look at where we have been, at where we are today, and project ourselves, as best we may, into the foreseeable future. I promise to be brief and to accomplish this I am going to divide time into decades and enumerate only the salient points.

Fifty Years Ago, the social hygiene movement was just becoming articulate. It existed in isolated organizations in various cities of the nation and concerned itself with the problems that center around the family as the basic social unit.

Forty Years Ago houses of prostitution thrived in Kansas City and in every city and town in the United States. Prostitution was considered a legitimate business. At least 50 "bawdy houses" existed in this city, spreading syphilis and gonococcus infection among their patrons from the farms and cattle country to the west of us and among business men and high school boys who went down to play the nickel pianos and cavort with the inmates.

There was no "sure cure" for gonorrhea—it was treated and the victim either got well or remained infected and spread the disease—or developed arthritis or other complications and became an invalid.

The "one-shot cure" of syphilis was in vogue and many a victim got rid of skin eruption only to turn up later in an asylum—the victim of the late manifestations of the disease.

Protesting citizens and the bolder of the clergy campaigned against the "North End" district as it was known in those days, but made little progress against a close hook-up between politicians, the police and owners of north end property—all of whom profitted from the thriving trade in women and liquor.

The attitude prevailed that prostitution had always existed and always would, that a Youth had only one proper means for Sex Education—*unless* by chance, he had an intelligent parent, or an understanding pastor, to go to for advice.

Thirty Years Ago last year (1914), voluntary agencies throughout the country came together in one National organization, the American Social Hygiene Association. Forthwith developed a program with a wide range of activities, chief among them being: (1) the development of Sex Education in relation to character building, (2) organizing the communities for effective medical and public health control of the venereal diseases, (3) combating the commercialized exploitation of women in prostitution and (4) the improvement of environmental conditions and the provision of recreational facilities calculated to protect youth and foster normal family life.

For the first time in history an effort was made to educate the youth of both sexes to the sex factor in life, to prepare them for successful marriage, parenthood and family responsibilities. Much of this early work had to be done in the face of opposition from large groups of the clergy, without the help of the press and despite the timidity of parents and aloofness of the school.

During this decade, it is safe to say that at least 50% of the venereal disease contacts in Kansas City were prostitutes—while 100% of the cases could be traced directly *or* indirectly to this unquarantined, yet well-known, source of infection.

Our Secretary, Mrs. Ream, was active in those days on the staff of the Welfare Department and as a police-woman, learning at first hand, the intimate connection between profit, politics and prostitution. No one in Kansas City has a better background for her work than has Mrs. Mary D. Ream, since 1923 Executive Secretary of the Kansas City Social Hygiene Society.

Back in those days, the Supreme Court of Missouri, decided that "keeping a bawdy house . . . is *not* a public nuisance in any sense of the term" and there was no chance of closing Annie Chambers' 24-room resort at 201 West Third Street.

Twenty Years Ago next September, this Society was recognized as a fully competent division of the Health Conservation Association of Kansas City.

We had emerged from a great war and the impact of venereal disease as a social and economic factor capable of control had registered with our citizens. The Division of Venereal Diseases in the U. S. Public Health Service had only recently (1918) been established by Act of Congress. The new division was charged with the duties of (1) studying the causes, prevention and proper treatment of the venereal diseases, (2) to cooperate with state and local health departments in control of these diseases, and (3) to prevent their spread in interstate traffic.

(*Continued on Page* 1090)

MEDICAL MINUTES

GENITO-URINARY—C. S. Capell, M. D.

A symposium on restoration of function in neurogenic bladder recommends administration of drugs, the establishing of an automatic bladder, transuretheral resection, presacral neurectomy and muscle transplant for artificial sphincter. Emmett et al. J. of Urol. Apr. '45.

RECTAL—W. G. Hook, M. D.

(Con't.) Adults: 20-40, hemorrhoids, fissure, fistula, polyposus, ulcerative colitis, amoebic bacillary dysentery, diverticulitis. Older adults: carcinoma, hemorrhoids, prolapse, procidentia, impaction, polyps, dysentery, amoebic or bacillary dysentery.

EAR, NOSE AND THROAT—
W. B. Black, M. D.

On basis of 1 year results of fenestration technic patient has approximately 90% chance of lasting improvement in hearing and approximately 70% chance hearing will equal or surpass that of hearing aid. Shambaugh. Arch. of Otol. Mar. '45.

SKIN—C. C. Dennie, M. D.

(Con't) A diagnosis of Vincent's angina must be made with caution. Often only a secondary invader, masking such diseases as lymphatic or myelogenous leukemia, thrombocytopenic purpura haemorrhagica, due to toxins or drugs, and small carcinomas on inside of mouth.

PEDIATRICS—G. V. Herrman, M. D.

Litchfield gives a very good discussion on the treatment of asphyxia neonatorum. He suggests use of alpha-lobeline and O_2-CO_2 by intratracheal catheter. Other methods of resuscitation are discussed. J. of Ped. Mar. '45.

ANESTHESIA—E. H. Grandstaff, M. D.

Pentothal is safe and useful for children, particularly for emergencies following a full meal. Nausea is not produced and aspiration danger is eliminated. Holly. So. Med. J. Nov. '44.

NEUROLOGY AND PSYCHIATRY—
B. L. Elliott, M. D.

"The Soviet neurologist is also a psychiatrist, and the Soviet psychiatrist is for the most part also a neuropathologist." Zilboorg. Am. Rev. Soviet Med. Aug. '44.

ALLERGY—H. J. Rinkel, M. D.

Atkinson reports that nicotinic acid by intravenous and intramuscular routes relieved 15 of 21 patients, gave complete relief in 2 and failure in 4 cases, all subject to migraine. Ann. Int. Med. 21:990. '44.

X-RAY—D. S. Dann, M. D.

The differential diagnosis between meniscus calcification and loose osseous body important because if within the meniscus a useless search through the joint can be avoided. Cane. J. Bone & Joint Surg. Jan. '43.

CLINICAL PATHOLOGY—A. E. Upsher, M. D.

If operable, squamous-cell carcinoma of the skin is best dealt with by thorough and wide surgical excision. Desjardins. Handbook of Phy. Ther. '44.

TB AND CHEST—Florence E. MacInnis, M. D.

Tuberculosis—in industry and less frequently in the armed forces—progressive fatigue ushers in pulmonary tuberculosis. Federman. Med. Clinics of N. A. May '45.

GENERAL SURGERY—C. J. Hunt, M. D.

The volvulus obstruction requires immediate surgery to preserve the blood supply. Delay will result in gangrene, perforation and peritonitis.

GASTROINTESTINAL—
D. A. Williams, M. D.

W. L. Palmer's book on functional disturbances of the alimentary tract is highly recommended, and should be read in its entirety.

HEART—W. M. Ketcham, M. D.

Brain abscess and heart disease. A review of 3 cases of cerebral abscess complicating septal defects of the heart. Robbins. Arch. of Int. Med. May '45.

ORTHOPEDIC SURGERY—H. L. Hess, M. D.

Pain with limitation in abduction also forward and backward rotation of shoulder joint described as "frozen shoulder," called adhesive capsulitis and is descriptive of pathology. Neviaser. J. of Bone & Joint Surg. Apr. '45.

OBSTETRICS AND GYNECOLOGY—
A. B. Sinclair, Jr., M. D.

Many infections in the female urological tract will resist cure until endocervicitis is eradicated. Seaman. So. Med. J. June '45.

EYE—A. N. Lemoine, M. D.

Penicillin and sulfadiazine iontophoresis for extensive, severe meningicoccus infection after trauma gave remarkable results Dennington. Trans. of Am. Ophth. Soc.

INDUSTRIAL HEALTH—E. P. Heller, M. D.

Leyden jar effect noted by Engel in rescue of a man momentarily rendered unconscious by electrical shock. Received a discharge from man's body notwithstanding fact that it was from contact with circuit giving shock.

others say...

POLITICS IN MEDICINE

Portland, Oregon, has become one of the most congested war production centers in the United States. It is the heart of the Kaiser shipbuilding empire. Long ago, in preparation for the inevitable influx of hundreds of thousands of workers, the government authorized extensive housing construction.

Warned by these preparations, members of the medical profession in the area took steps to provide adequate medical care. It was a tough assignment. Many doctors had been called into military service. By hard work Portland's remaining physicians have carried the load. But in Portland as elsewhere throughout the country, a storm of controversy over socialized medicine shakes the foundations of the medical system. In the din, the cry of Portland doctors for more hospital space went unheeded. Government agencies denied repeated requests for necessary materials to build additional facilities. So, as Portland's population increased by the hundreds of thousands, hospitals in the metropolis became increasingly overburdened.

A few weeks ago in Portland a young boy was critically burned. He was taken to five hospitals before one was found with an extra bed. He died. The attending physician said he might have lived had he received hospital treatment at once. The government regulators of our daily lives have granted materials lavishly for thousands of "essential" homes in Portland. And yet Portland hospitals were denied urgently needed equipment and construction materials. Similar conditions must prevail in other communities. Thus the country, while witnessing a political campaign of interference with the American medical profession, is forced to tolerate political ineptitude that threatens the health of whole cities.

Is this a sample of what could be expected under socialized medicine? If it is, the social planners had better take their crocodile tears to another land—far away.

(Industrial News Review.)

WHY IS A LIBRARY?

"With so much erudition lying around loose, it is easy to pass lightly over the prime function of a physician's libraries. We say libraries, for a good physician will have two: one at home or in his office, and another, a larger one, which he shares with his colleagues. These he used to sharpen and improve his practice, to make sure that the medicine he practices is modern medicine; and he is rightly apt to take satisfaction in his bookish wealth. But let that physician not forget that in his books, time stands still. For some purpose this is a most fortunate circumstance; for others, a tragedy. Osler, in his 5th edition, still advises supportive treatment for pneumonia. Abbott, in his system, confesses ignorance of a reliable cure for diabetes. To continue to be useful, a physician's library must be watered and tended; otherwise, it rapidly becomes a museum.

"It was Bacon's opinion that reading makes a full man, and strongly recommended it. In the physician's library, knowledge, opinion, advice, lie in a deep-freeze locker. They will maintain indefinitely the condition they had when they went in. If the stock is kept fresh, and expiration dates carefully noted, the locker will always be an invaluable source of nourishment. But no man was ever nourished by a steak kept in the ice box! And journals reposing on a physician's table will do a patient no good. It is possible to continue for decades to practice the medicine one learned in medical school, and next door to a collection of 100,000 volumes. No physician should ever be so busy dispensing himself to patients that he has not the time for continuous remodeling so that he practices today, today's medicine."

(Robert Parker, M. D., in Bull. Acad. Med., Cleveland.)

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A recent issue of the Genesee County (Mich.) Medical Society Bulletin was dedicated to the interne staff at Hurley Hospital; some of the internes' ideas are herewith reprinted:

SURLEY HOSPITAL ANNOUNCES 4 POINT INTERN PROGRAM

At the regular "Joint Meeting" of the Surley Hospital Board of Managers with Superintendent Peuston and Business Manager Slappyson the following four point program has been approved. The purpose of the program is to make life more enjoyable for the internees and residents. Thereby attracting men of high calibre and keeping the work of the internees up to the standards maintained at present. The four points are:

1. Working hours are to be limited to between 10:00 a.m. and 2:00 p.m., with two hours off for lunch. There are to be no night calls for obvious reasons.

2. Each interne is to receive a yearly stipend of $10,000. The salary is to be increased by $5,000 for each additional year served as a resident.

3. A new internes home is to be built whereby each interne is to be furnished with a six-room apartment supplied with a butler and a maid having no fewer qualifications than Betty Grable or Lana Turner for obvious reasons.

All married interns and residents will have an additional room for wife and each child. They will also be supplied with a butler and a maid of fifty years of age or older for obvious reasons.

4. Transportation will be furnished by the institution which will have a chauffeur with a Buick available for each interne, a LaSalle for each junior resident, and a Cadillac for each senior resident.

In addition single interns will be supplied with a Lincoln convertable in case the chauffeur is not wanted for obvious reasons.

These points will go into effect on the first day of next Nevuary.

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(*Continued on Page* 1100)

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When a doctor falls ill
And they call in another M. D.—
Does the visiting Doc.
Send a regular bill
For his services—same as me?

Or does Doctor Two
Just impatiently wait
Till he likewise develops a pain,
And call Doctor One—
(This may get intricate!)
To get his books balanced again?

But suppose Doctor One
Should be out on a call,
Or perhaps hiding up in a tree
To escape from his patients—
Would it be ethical
If Doctor Two called Doctor Three?

Then—if Doctor Three
Were booked up until fall—
And he would be, you safely can bet—
Should they carefully tie
Doctor Two in a stall
And have somebody summon a Vet.?

But I'm dying to know:
When one Doc. carves another,
Does he waive his professional fee—
Or just whisper a prayer
For a suffering brother
And then give him the works—same as me?

—Justin Case.
(K. C. Star.)

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IN THE LAP OF THE FAMILY

(*Continued from Page* 1085)

Physicians, soldiers and sailors in large numbers saw licensed prostitution in European cities and knew it did not work any better than the unlicensed American variety.

Physicians learned how to properly and adequately treat and cure syphilis but were still unable to keep many victims of the disease under treatment long enough. The Social Hygiene Society helped in the Educational campaign of character building for the avoidance of exposure and in urging adequate treatment of those infected.

The State legislature finally passed a law defining a "bawdy house" as a nuisance and injunctions became effective. Prostitutes left Kansas City for towns and cities of other states where the law permitted them to operate. Some moved to apartments or "beer flats" in various parts of town or operated as street walkers or by arrangement with taxi drivers or bell boys of hotels.

Prohibition had produced a body of law-violators, condoned by otherwise law-abiding citizens. Women began to drink in large numbers in dives that their mothers would have shunned as they would the plague. Liquor and promiscuity became joint evils in strata of society heretofore ignorant of the underworld except through news items and pulp magazines.

Despite the newer aspects of old vices, the Parent-Teacher groups, the educators and the clergy, were loath to approve educational literature and movies. Films were banned or censored by leaders of the P.-T. A. in a little dark room in the Public Library Building. The Press still would not print the words *syphilis* or *gonorrhea.*

Ten Years Ago a very strong sentiment developed to face the issue by insisting upon treatment of the pregnant syphilitic, agitating for pre-marital and pre-natal blood tests, by providing drugs when the economic status of the victim might preclude adequate care and a complete cure. Many health officers became anti-V. D. enthuiasts and even crusaders.

On May 24, 1938, the Venereal Disease Control Act of 1918, was amended by an authorization for the annual appropriation of funds which may be utilizied for the study and investigation of venereal diseases and for grants-

(*Continued on Page* 1098)

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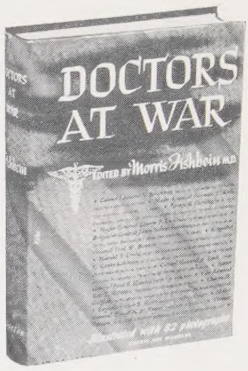

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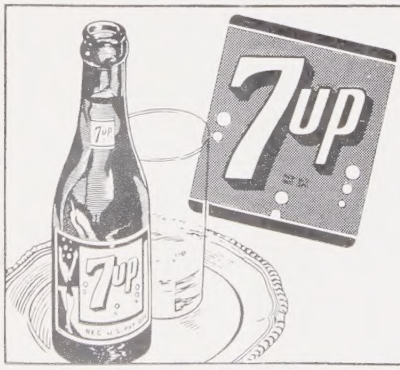

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Exposure to temperatures of 55° C. or above, produces an irreversible change in the walls of the capillaries, rendering them permeable to blood plasma.

Protein catabolism in burns may result in a loss of nitrogen in the urine equivalent to four times the normal protein intake of the patient.

High white cell counts are not unusual in patients with rapidly progressing hepatic damage.

Bilateral thyroidectomy must never be performed in severe thyrotoxicosis unless the patient is showing a weight gain.

(W. S. R., in Detroit Medical News.)

John where James had had had had had had had had had had had had the approval of the teacher.

(*Let's see you punctuate this, turn to page* 1092)

RENEW YOUR NARCOTIC REGISTRATION BEFORE JULY 1st TO AVOID PENALTIES

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H. C. OF L.

Well, our Secretary of Labor, according to press reports, has announced a rise in the cost of living. This time the medical profession shares the blame with cabbages, rutabagas, string beans and radishes. A great and glorious company.

Sure. The cost of medical care has gone up. Hundreds of thousands of people who in the not-too-distant past got their medical care for nothing. Now they can pay a decent fee for services rendered. Naturally the cost has gone up from nothing to something.

That will make good propaganda for state medicine, but no one yet has proposed state vegetables. Did anyone happen to think that all the various schemes for federal, state, or local insurance or whatever you might care to call it haven't offered anything yet to the profession except pay frozen at depression rates. Why shouldn't the medical profession share in good times? It carries the load during depression. Nobody kicks at paying everybody else a decent wage based on ability, training and responsibility. (No one seems to think, at least out loud, about the responsibility that a doctor carries except when it comes to carrying malpractice insurance.) However, we do note a recent reported declaration by a government official that a man who works with his hands shouldn't get over $5,000 a year. A surgeon sure works with his hands just as a man, or nowadays a woman, at a shaper, or winding an armature.

Where these medical figures were obtained wasn't stated. But the Builetin would like to add the price of men's shorts to the list along with pills, appendices, etc. About eight months ago they could be purchased locally for 39 cents. Now the cheapest ones at one of our local downtown stores are 48 cents. Vegetables, medical services, and shorts!

(San Diego Co. Med. Soc. Bull.)

John, where James had had "had," had had "had had"; "had had" had had the approval of the teacher.

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MEMBERSHIP News

Herbert J. Rinkel, M. D., was the guest speaker of the Shawnee County Medical Society, Topeka, Kansas, at their meeting of June 4th. Dr. Rinkel presented colored motion pictures of his nature studies with sound effects.

Orval R. Withers, M. D., attended a meeting of the Board of Regents of the American College of Allergy in Cleveland, June 2nd and 3rd.

Ira H. Lockwood, M. D., and Vincent T. Williams, M. D., were the speakers at the A. A. F. Regional Hospital, Smoky Army Air Field, Salina, Kansas, on June 14th. Dr. Lockwood spoke on X-ray Findings in Abdominal Pathology. Dr. Williams' subject was "Shock and Burns."

Wade H. Miller, M. D., has returned from the East and post-graduate studies at George Washington University, Johns Hopkins University, Wills Eye Hospital Philadelphia and the New York Eye and Ear Hospital.

Charles F. Grabske, M. D., attended post-graduate classes on diseases of the Heart at the University of Michigan, Ann Arbor, during the first week of this month.

Clinton K. Smith, M. D., announces an association with William W. Leifer, M. D., in the practice of Urology.

MILITARY SERVICE NEWS

Maj. William R. Eubank was in Kansas City on a two-day pass June 2nd. He is stationed at the Regional Station Hospital, Lincoln Army Air Base, Lincoln, Nebraska, awaiting reassignment. Maj. Eubank is a flight surgeon and will have been in the service four years June 23rd, of which one year was spent in Alaska and one and one-half months in the Carribean Area.

Congratulations to Edward H. Hashinger, M. D., who has been made a full colonel in the army medical corps. He is chief of medical service at the Crile General Hospital, Cleveland.

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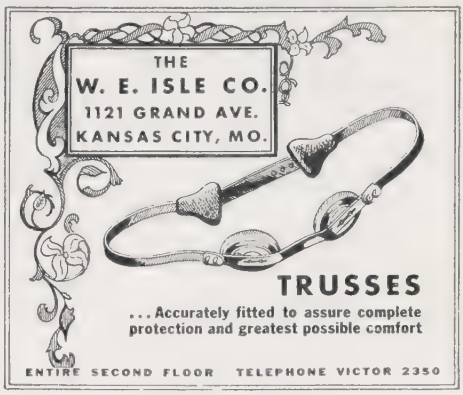
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Sunday 17	6:15 p. m. J. C. M. S. Broadcast, Station KMBC "Of Health and Happiness"
Monday 18	8:30 p. m. Trinity Lutheran Hospital Staff Meeting.
Tuesday 19	11:00 a. m. Tumor and Cancer Clinic, Municipal Hospital No. 1.
Wednesday 20	12:15 p. m. Pathological Conference, Municipal Hospital No. 1.
Thursday 21	PATRONIZE OUR ADVERTISERS
Friday 22	9:30 a. m. Staff Meeting, TB Hospital, Leeds.

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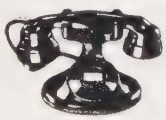

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IN THE LAP OF THE FAMILY

(*Continued from Page* 1090)

in-aid to assist the states. This amendment by Congress, plus the bold leadership of Surgeon General Thomas Parran of the U. S. Public Health Service, has resulted in greatly improved mechanisms for control in all of the states of the Union. States, cities and counties have been compelled to meet minimum standards of public health service to obtain funds. Public sentiment has forced the retirement of officials who would stand in the way of the first real effort by medical science to quarantine and then eradicate syphilis and gonorrhea, diseases for which the cause has long been known and for which adequate remedies are finally at hand.

Events are moving along rapidly, but more and more they point to the placing of responsibility for sex delinquency squarely *in the lap of the family.*

Now, in the midst of a terrible war, with mothers neglecting their children to work in war plants, with transients in excess of anything known hitherto, without a drastic curfew, with beer-joints open to teen-agers, *is it any wonder* that a recent survey by the Health Department Division of Venereal Disease Control showed 84% of the contacts—source of infection of soldiers and sailors, to be Kansas City girls under 25 years of age!

Now prostitution is almost non-existant and statistics show that only 4% of the contacts by soldiers and sailors in Kansas City were with prostitutes. *The infection is 96% of cases came from women and girls presumably with home ties.*

Now Kansas City has an efficient Health Department and a competent division of the Police Department working closely with the equally competent Welfare Department in the salvaging of Young people from a life of promiscuity.

Now we have a pre-*natal* blood-test law and a pre-*marital* blood-test law and thousand upon thousand of our working people and all of our selectees have been subjected to blood-tests and know their health status more completely than in any previous time in all history.

Now the press and the most dignified magazines speak freely and frankly of the venereal diseases. The movies formerly banned by the clergy and the P.-T. A. are shown with impunity.

Now awareness of the so-called "miracle drugs" has removed the restraint from those of our citizens, young and old, whose character building was neglected—and is still being neglected.

Now is the time for all good parents, teachers and preachers to come to the aid of their country, their city, their children!

"The way of the transgressors is hard" (Proverbs, XIII, 15)—but no longer hard enough perhaps!

"The lot is cast into the lap; but the whole disposing thereof is of the Lord" (Proverbs, XVI, 33)

The wheel has made a complete turn. After 50 years we are back to first principles. The problem centers around the family as the basic social unit.

This time, I think I see a readiness on the part of the Church and the School to assumed responsibilities gladly relegated to Social Hygiene Societies 50 years ago as "too hot to handle."

Out of this trend, it is hoped that parents will emerge in full stature to the end that government may not find cause to step in with another great experiment to regulate the personal and family lives of citizens as was attempted in the Volstead Act.

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(*Continued from Page* 1088)

SYMPOSIUM ON COMMON COLD

Prominent Surley Staff Doctors Present Enlightening Discussion At Recent Meeting

Dr. Chambers: We are going to discuss the "common cold" that so many people have in their head. I think it would be best to start off with etiology. Dr. Wyman, will you tell us what you know?

Dr. Wyman: The Common Cold is definitely caused by a virus. Other organisms causing a cold are: Bacilli, Cocci, Pleomorphs, Anerobes, Aerobes, Fungi, Pollen and Germs.

Dr. Golden: Can you prove this?

Dr. Wyman: Recent experiments would seem to indicate according to Dr. Lotta Schlopp that you kin take a hog, inject him, kill him and have bacon.

Dr. Chambers: This evidence is controversial, I believe, and so I would rather trust my own experience in this matter. Goodness but I have seen a lot of such cases.

Dr. Johnson: Is it true that the titer may go up, may go down, or may stay the same?

Dr. Chambers: That has not been proved as yet. Doctor, please don't keep interrupting. Now we will call on Dr. Jermstad to tell us a little about the pathology of the Cold.

Dr. Jermstad: Our department rarely sees a case of the "common cold." In fact we rarely see anything, but normal tissue. Things are sure tough, aren't they?

Dr. Golden: Sometimes I see cases with a very red nose.

Dr. Wyman: That brings up the question of whiskey as a therapeutic measure. Dr. Chambers, what do you think about this?

Dr. Chambers: I rarely use it on my patients. Habit forming you know. An EKG repeated daily is indicated, however.

Dr. Johnson: I'm pretty sure a virus causes it. I saw a whole colony once on a chick membrane and some of them were almost healthy.

Dr. Chambers: These interruptions are becoming very annoying, Doctor. Maybe some of the Internes have some questions.

Dr. Dehlin: Although I saw three such cases at Michigan I would like to know, what is a common cold?

Dr. Chambers: Are there any more questions?

Dr. Sparks: How do you treat a common cold?

Dr. Chambers: I'd rather let Dr. Wyman tell us about that.

Dr. Wyman: I'd rather let Dr. Golden tell us about that.

Dr. Golden: I always force fluids, but I don't know why. They usually recover in several weeks unless they die anyhow.

Dr. Chambers: Well we are exactly ten minutes over the hour and I know you Internes have many histories to take and I want you all to get in there with fervent enthusiasm. I know we are all enlightened and we'll all be back again next time to discuss Influenza.

Dr. Johnson: It's a fact that you can take a ferret, and—

Dr. Chambers: Pulease, Doctor.

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JACKSON COUNTY MEDICAL SOCIETY

Weekly Bulletin

OWNED AND PUBLISHED BY THE JACKSON COUNTY MEDICAL SOCIETY

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• COMMUNITY HEALTH •

STATISTICAL REPORT FOR WEEK ENDING JUNE 9, 1945

KANSAS CITY, MO.

Department of Health

Hugh L. Dwyer, M.D., Dr. P.H., Director

Population: White, 357,316; Negro, 41,862

Deaths	Week Ending June 9, 45	Week Ending June 10, '44	1st 23 Wks. 1945	1st 23 Wks. 1944
Total	89	91	2538	2507
Under 1 Year	7	4	179	144
Non-Resident	15	17	405	371
Auto Accidents	3	1	29	23
In City Limits	3	1	21	21
Births	205	121	4337	3918
Epidemiological Information				
Chicken Pox				
Cases	4	1	189	147
Deaths	0	0	0	0
Scarlet Fever				
Cases	7	7	465	750
Deaths	0	0	1	0
Meningitis				
Cases	0	3	25	64
Deaths	0	0	2	9
Mumps				
Cases	6	4	73	58
Deaths	0	0	1	0
Measles				
Cases	12	18	81	1035
Deaths	0	0	0	4
Whooping Cough				
Cases	2	0	32	33
Deaths	0	0	1	0
Syphilis				
Cases	30	46	786	832
Deaths	0	1	26	19
Gonorrhea				
Cases	14	17	523	461
Deaths	0	0	2	0
Tuberculosis				
Cases	7	11	164	168
Deaths	2	4	84	75

(Outside Kansas City)

JACKSON COUNTY

Department of Health

W. F. McCarthy, M.D., Director

Population: White, 80,000; Negro, 780

Deaths	Week Ending June 9, 45	Week Ending June 10, '44	1st 23 Wks. 1945	1st 23 Wks. 1944
Total	44	21	374	365
Under 1 Year	1	1	12	21
Non Residents	1	0	17	63
Auto Accidents	2	0	0	7
Outside K. C.	1	0	5	7
Births	58	45	395	485
Epidemiological Information				
Chicken Pox				
Cases	0	0	14	19
Deaths	0	0	0	0
Measles				
Cases	0	3	2	32
Deaths	0	0	0	0
Poliomyelitis				
Cases	0	0	1	1
Deaths	0	0	0	1
Whooping Cough				
Cases	0	0	5	2
Deaths	0	0	0	0
Typhoid				
Cases	0	0	0	1
Deaths	0	0	0	1
Scarlet Fever				
Cases	2	0	83	251
Deaths	0	0	0	0
Diphtheria				
Cases	1	0	2	0
Deaths	0	0	0	0
Undulant Fever				
Cases	1	0	3	7
Deaths	0	0	0	0
Syphilis				
Cases	0	1	49	31
Deaths	0	0	1	0
Gonorrhea				
Cases	0	1	29	15
Deaths	0	0	0	0

IF THE SYNDROME IS

anorexia, irritability, polyneuritis, circulatory manifestations, (tachycardia) certain gastro-intestinal symptoms (especially atony) THEN

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